

Case Number:	CM14-0103404		
Date Assigned:	07/30/2014	Date of Injury:	11/26/2011
Decision Date:	08/29/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/03/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California and Washington. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 28-year-old male who reported an injury on 11/26/2011 due to cumulative trauma. On 07/30/2014, the injured worker presented with continued low back pain that radiated to the lower extremity posteriorly into the calves. Upon examination of the lumbar spine, there was intact sensation to light touch and pinprick to the bilateral lower extremities, and spasm and guarding noted over the lumbar spine. The motor strength was rated at 5/5 to the hip flexion, hip extension, knee extension, knee flexion, ankle eversion, ankle inversion, and extensor hallucis longus. The diagnoses were provided. Prior therapy included a lumbar discectomy, medications, psychological visits, and functional restoration program. The provider recommended a TENS unit purchase and Icy Hot medicated patch, the provider's rationale was not provided. The request for authorization form was not included in medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Smart relief TENS unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of TENs Page(s): 116.

Decision rationale: The request for a smart relief TENS unit purchase is not medically necessary. The California MTUS Guidelines do not recommend a TENS unit as a primary treatment modality. A month home based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence based functional restoration. The results of studies are inconclusive, the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer the question about long-term effectiveness. There is lack of documentation indicating significant deficits upon physical examination. The efficacy of the injured worker's previous courses of conservative care was not provided. It is also unclear if the injured worker underwent an adequate TENS trial. The request does not indicate the site that the TENS unit is indicated for in the request as submitted. As such, the request is not medically necessary.

Icy Hot 5% medicated patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: The request for Icy Hot 5% medicated patch is not medically necessary. California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compound product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. Icy Hot medicated patch includes Menthol, Camphor, and Methyl Salicylate. There was lack of evidence that the injured worker had failed a trial of anticonvulsive or antidepressant. Additionally, the provider's request did not indicate the quantity, dose, or site that the Icy Hot medicated patch was indicated for in the request as submitted. As such, the request is not medically necessary.